

SERVIC	CE ADDRESS INFORMATION		ST	REET OPENING PERMITS TIVERTON DPW ( ) Y ( )	INITIALS N
PROPE	ERTY ADDRESS			FALL RIVER DPW: ( )Y( )	N
ASSES	SORS			DATE STARTED	
MAP	BLOCK	_ CARD		DATE COMPLETED	
				AS-BUILT SKETCH	-
	SEWER CONTRACT/SUB-DIVISION			INSPECTOR'S INITIALS	
OWNE	R'S INFORMATION				
NAME		MAILING	G ADDRESS		
PHONE	NUMBER	CITY		STATE	ZIP
CONTR	RACTOR INFORMATION				
COMPA	ANY NAME	MAILING	G ADDRESS		
CONTA	ACT PERSON	CITY		STATE	ZIP
OFFICE	E PHONE	CELL PH	HONE		-
SPECIA	AL CONDITIONS				
conditio	nereby agree to be bound by the provisons, restrictions, and regulations as maded all State & Federal regulations, & all	y be imposed by th	ie Wastewater M		
SIGNA	TURE OF OWNER			DATE	-
SIGNA	TURE OF APPLICANT			DATE	-
	RI DIG SAFE - 1-800-225-4977 Wastewater Management Office (4 DPW Director's Office (401) 625-6			Application Chec	
NOTE		-£4b:		Fall River Application	
1 Call 625-6701 for and inspection of this work at least 48 hours in advance of the start date				Building Layout Drawing	
2 DPW Director's written approval of any road patch				Plat Map	
& and approved AS-BUILT drawing must be submitte before Sewer Use Permit will be issued.			nitted	Check	
SEW	ER CONNECTION			<u> </u>	
	APPROVED	_ DISA	APPROVED		
SUPER	RINTENDENT'S SIGNATURE			DATE	-